



February 17, 2010

**Senate Committee on Public Health, Senior Issues, Long Term Care and Job Creation
testimony in favor of Senate Bill 470.**

By: Rob Gundermann, Public Policy Director Alzheimer's and Dementia Alliance of Wisconsin.

Good morning and thank you for the opportunity to speak today. I'm Rob Gundermann here today on behalf of the Alzheimer's Alliance in support of Senate Bill 470.

This bill simply provides an opportunity for C.N.A's and activity directors to get some additional dementia training without imposing any mandates on anyone. I've included with my testimony as appendix A, a state by state chart showing the additional training requirements other states have imposed. We've looked at what other states have done and I've spoken with my counterparts in other states and we believe we have developed a better approach which is what we have before us today in the form of SB 470, an entirely voluntary certification program that would create true dementia specialists who other staff could go to with questions. One comment I've heard is that at some point we will seek to mandate this training on all C.N.A's. There will never be a need to associate mandates with this training. The demand is there. If we provide the opportunity C.N.A's will take advantage of that opportunity. C.N.A's want more training.

In our Madison office we have dedicated one staff position to training but even with that commitment we can't meet the demand. We train 50 people a month, 600 per year and while we could put more staff hours into training we would then be taking that time away from serving families. We have 115,000 families in Wisconsin coping with dementia and frankly we don't have the resources to meet their needs let alone devote more resources to training facility staff.

We're now seeing for profit businesses filling that void by selling certifications online and advertising to facilities that this is a good way to help with marketing. SB 470 will ensure that there is a baseline of knowledge obtained by anyone calling themselves a dementia specialist and the bill gives the caregivers some recognition for having furthered their education and training.

The primary focus of the training C.N.A's go through to get certified as a C.N.A. is on tasks. Students are taught how to safely transfer patients, how to effectively feed them, how to give bed baths and how to dress someone who has had a stroke. They learn how to take vital signs and how to pass medications, etc.

A dementia specific course of training doesn't focus so much on tasks as on how to build a relationship with a person with dementia. How can you get someone whose mind is

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compromised to trust you enough to not fight the tasks you've been trained to help them with? How can you prevent or disarm the fear and paranoia that is frequently a part of the normal emotional response from a person whose mind can no longer reason? If you don't know how to communicate with someone who no longer understands normal language or abstract concepts, how can you connect them to anything meaningful or purposeful in their day?

The result of in-depth dementia training is that those who have a dementia diagnosis have the best possible chance of a higher quality of life. Creating a State certified dementia specialist classification will give C.N.A's tools that will help the C.N.A. be more confident in their abilities and more successful in their interactions with residents. C.N.A's who feel confident and successful are more likely to continue working as C.N.A's, and will lead to less employee turnover.

I had two C.N.A's who have gone through our dementia training program and had planned to be here today but learned yesterday that they would not be able to take time off of work to come to the hearing. They did however prepare written statements and asked that I distribute to the committee which is also included with my comments.

If you have any questions I would be happy to try to answer.

Thanks you.

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APPENDIX A

State-by-State Chart

The following chart provides an overview of dementia training requirements among the states. A check in the ALF (assisted living facility) or SNF (skilled nursing facility) columns indicates that some form of dementia-specific training beyond the state's CNA training standard is mandated. Some states have different training requirement for special care units (SCU) than for traditional ALFs or SNFs. Thus, a check in the SCU column indicates that a separate requirement exists for those facilities. For more information on your state's specific dementia training laws and regulations, please contact Laura Boone, laura.boone@alz.org.

State	ALF	SNF	SCU
Alabama	X		X (ALF)
Alaska			
Arizona	X		
Arkansas	X		X
California	X		X (ALF)
Colorado			
Connecticut			X
Delaware	X (Feeding assts)	X (Feeding assts)	
District of Columbia	X		
Florida	X	X	
Georgia	X		
Hawaii			
Idaho			X
Illinois			X
Indiana	X	X	
Iowa			X (ALF)
Kansas	X		
Kentucky	X		X (SNF)
Louisiana	X	X	X
Maine			X
Maryland	X	X	
Massachusetts	X		
Michigan			
Minnesota	X	X	
Mississippi	X	X	
Missouri	X	X	
Montana			X (ALF)
Nebraska	X		X (ALF)
Nevada	X	X	
New Hampshire			
New Jersey	X	X	X (ALF)
New Mexico			
New York			X (ALF)
North Carolina			X (ALF)
North Dakota			
Ohio			X (ALF)
Oklahoma			X (ALF)
Oregon	X	X	X (ALF)
Pennsylvania	X		
Rhode Island			X
South Carolina			X (ALF)
South Dakota			X (ALF)
Tennessee			X
Texas			X
Utah	X		X (ALF)
Vermont	X		X (ALF)
Virginia	X		X (ALF)
Washington	X	X	
West Virginia	X	X	X
Wisconsin			
Wyoming			X (ALF)

To members of the Committee on Public Health, Senior Issues, Long Term Care and Job Creation supporting Senate bill 470

Hello Members of the Committee. I wish that I could be there in person today to answer any questions you might have, but due to my work schedule I was not able to attend. I am a CNA and I work primarily with people who have some form of dementia. Let me say that I have a deep affection and respect for my residents and their family members and the 15 hour training program that I went through helped me to further deepen my respect and understanding of what they go through.

In our CNA training we only touch on dementia and it's many forms and the deterioration over time of what happens to the person suffering from it. In our recent 15 hour training one of the most moving exercises was to have us write down 10 things that were most important to us and then people came around and randomly took two or four of these people or things we had written - and then they took more - until we had nothing left. We had no control over it - and neither did those that we had lost. The thought of that being the reality for a person with dementia was devastating for me.

Caring for people with dementia isn't for everyone - it takes time, it takes commitment and it takes a very big heart. Helping someone simply sit on a chair or go to the toilet can be an exercise in patience and frustration on our parts and fear and agitation on the part of the resident.

My Charge Nurse always says she depends on her CNA's so much for input on the residents because we are the ones who have hands on - everyday - and we are the ones who will notice subtle changes that might indicate a headache, depression, or a urinary tract infection. That is why this training is so important!

The class gave us new techniques to handle agitation and difficult situations - we all related to each others situations and I know we all left there with a much better understanding of what we deal with on a day to day basis and we were certainly more equipped to handle all of it.

Dementia isn't just getting old - it is slowly losing the very fabric of who we are - one string at a time. My residents make my day when I get to see that glimmer of them - that they are still in there, despite the hallucinations or the ability to carry on a real conversation anymore. They have taught me to live in the moment - a lesson we could all benefit from - because if you can not live in just this moment, you will not be able to help them or see them as people.

We all have a story to tell and the dementia training helps us to help our residents keep telling their story and continuing to live life - and to help the family through those difficult days, which can be many.

I hope this helps you to understand the importance of training - it is not for every CNA, but for those of us who care for dementia patients it is a Godsend.

Thank you for your time and consideration,

Julie E. Cakanic
122 2nd Street
Lodi, WI

February 17, 2010

Senate Committee on Public Health, Senior Issues, Long Term Care and Job Creation

Dear Senator Carpenter and members of the Committee:

I really wanted to speak at the hearing today in person but I wasn't able to get the time off so I'm submitting my comments in favor of Senate Bill 470 in writing. I work as a certified nursing assistant (C.N.A.) in Lodi where I've worked for 1 1/2 years.

I've gone through the dementia training program offered by the Alzheimer's Alliance and I believe it has helped me become a better C.N.A. In my recent 15 hour training one of the most eye opening, hands on experiences was to write 10 items - whether they be people or objects - that are most nearest and dearest to me on 10 different slips of paper. The next thing I knew, people were coming around and aimlessly taking three or four of these slips of paper at a time until I had none of them left. I had no say in it whatsoever as my son, husband, home and more slipped right through my fingers; it breaks my heart realizing that a person with dementia actually faces this reality.

A problem I recognized in giving care for residents with dementia, before I even took this class, was the pace at which C.N.A.'s move. When we are trained in school we are taught to be fast and efficient. I could tell when I first started working on an Alzheimer's unit that is not what worked - patience was. This class gave me another hands on demonstration by having me put popcorn kernels in my shoes, cotton balls in my ears, glasses with a different prescription and putting on rubber gloves. We then had to walk down a flight of stairs into another room where the music was playing, lights were flashing and the instructor was calling out questions to us that we needed to write answers to on the paper in front of us all the while someone else kept trying to rearrange the groups in which we had seated ourselves...Once again it was very eye opening - showing that the sensory mechanisms are not the same as those residents without dementia and why they may be having a more difficult time with what we consider to be ordinary and easy day-to-day functions. Patience, going slow is the key - something that a lot of C.N.A.'s aren't aware of that needs to be done because it's not taught during your basic C.N.A. course.

If I could present myself as a Certified Dementia Specialist (as well as a C.N.A.) to facilities and families alike I believe it would ease their minds knowing there was special education to back up my word saying I knew how to take care of their loved ones that are struggling with this disease that robs them of all they know little by little. A family might be more inclined to admit a relative with dementia into long-term care knowing that there are Certified Dementia Specialists working there then into a long-term facility without any for the pure simple fact of knowledge. This disease is more complex than most people realize and it takes considerable knowledge not only in being able to care for a person with it, but also to be able to connect with the family.

Sincerely,

Leah Reiter

120 West Mill St

Poynette, WI 53955

I would like to speak in favor of this ^{bill: Senate 470} (2-16-2010)
My name is Hal Blotner, and my wife Suzanne has Alzheimers Disease. She is a resident of the dementia care unit, called the Haven at Altis Angels Place.

I visit my Wife daily, and have gotten to know all of the CNA's and staff very well. I felt comfortable in talking to them and asking their opinion regarding this proposal certification training. Everyone I talked to thought it was a great idea and would prepare them to do a better job than they are already doing. The fact that they would welcome the additional preparation for a job, that is not a good fit for everyone, is an indication how sincere and motivated these young men and women are. They are providing conscientious care to my wife and uniformly and equally to all the residents.

Coincidentally, in June of this year, the Alliance will be holding a training session to welcome about 50 people, and it will take place at Altis Angels Place.

Before I retired, I was a small business man, and was the owner of Dane County Vending. One of the reasons I sold the business, was so that I could devote
1/2

more time to being a care giver to my wife. Don't ever under estimate how men can adapt to being the care-giver to their loved ones. I see that demonstrated very dramatically with a group of men that is a support group sponsored by the Alliance. We meet monthly to discuss common problems in a very open and candid way. We come from a broad variety of backgrounds, but there is great spirit of camaradery and hopefully we leave the meeting feeling encouraged, knowing we are not alone.

There are a number of them here, attending this hearing to show their support for this bill.

In conclusion, I respectfully ask that you approve this proposal.

Paul Plotnik
4418 Wake Lane
Madison, WI 53711
608-233-8401

February 17, 2010

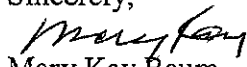
Dear Senator Carpenter and members of the Committee:

My name is Mary Kay Baum and I serve on the board of the Alzheimer's Alliance of Wisconsin and as the chair of our public policy committee. I also have Alzheimer's disease. My two sisters also have Alzheimer's disease and my mother had the disease before she died.

I'm here today in support of Senate Bill 470. I know how hard these C.N.A.'s work and what a good job they do overall as caregivers. I am concerned though about how much they understand my disease. I know they don't get very much training with regard to dementia in their C.N.A. coursework. I'm concerned about what will happen if I or one of my sisters has to go into a nursing home at some point. Will the staff understand me? Will the staff understand my disease? Honestly, I have enough to worry about right now. I want to know that if I go into a nursing home some day I will have people taking care of me who understand my illness and how to help me. If Senate Bill 470 passes I won't worry so much. I'll know there will be dementia specialists to take care of my family members if we get to that point or find ourselves in that situation.

In closing I would just like to read a couple lines from a poem ^{my sister} I wrote that I think sheds some light on my situation.

Sincerely,



Mary Kay Baum
3819 Evans Quarry Road, #6
Dodgeville, WI 53533



Wednesday, February 17, 2010

Senator Tim Carpenter, Chair
Wisconsin State Legislature
Room 306 South
State Capitol
P.O. Box 7882
Madison, WI 53707-7882

Re: Concerns with SB-470 Creating Dementia Specialist Certification

Dear Sen. Carpenter and Members of the Committee:

The Residential Services Association of Wisconsin (RSA) is recommending that the committee take no action on Senate Bill 470 at this time.

Although this legislation has good intentions it is our belief that Wisconsin already has laws that adequately address the aspects of training and testing of long-term caregivers with respect to dementia and other medical conditions prevalent to the geriatric population (*see attached documents: HFS-83 and HFS-129-Subchapter III, IV and VII*).

RSA feels that the creation of a new 40-hour certification and 2-year recertification program devoted entirely to one medical condition fails to recognize that other diseases and health conditions impact the geriatric population to a similar degree.

If the Legislature passes a new law specifically for dementia training and certification, then a policy and process question needs to be posed, "should similar training standards and policies be instituted for other prevalent medical conditions impacting the geriatric population?"

We understand that dementia is a common medical condition found in the geriatric population, however our point is that there are many prevalent medical conditions impacting this population: i.e. cancer, heart disease, respiratory disease, gastrointestinal

disease, endocrine/metabolic disorders, movement disorders (Parkinson's), diabetes, urinary incontinence, osteoporosis, sleep disorders, etc.

In addition, like the growing number of Alzheimer's and dementia organizations, there are a number of non-profit advocacy organizations that provide focused caregiver training programs for on various medical conditions. Many providers already voluntarily enroll many of their staff in these programs to meet existing requirements and often to provide training beyond what is required.

To that end, RSA members question why a new 40-hour training and certification process needs to be stipulated in law and where did the 40-hour minimum standard come from? Is there a study or an already established program that this number is being based upon?

In addition, RSA members are concerned that although this legislation provides for voluntary certification now, it has been our experience that regulation of this kind is sometimes a two-step lobbying objective - where a "voluntary" regulation that has no fiscal impact is introduced and passed in one legislative session and then the following session a succeeding bill is introduced to make the program a minimum requirement.

RSA-Wisconsin cannot support new regulatory requirements that will increase operational costs, whether voluntary or mandatory, at a time when the legislature and the administration has not only failed to provide much needed reimbursement increases over the past decade - but has and continues to institute cuts to essential Medicaid and Medicaid-Waiver programs (i.e. the Wisconsin 2009-2011 Biennial Budget and the "ForwardHealth Rate Reform Project 1.0 and 2.0).

As most committee members are likely aware, the Wisconsin Department of Health Services recently announced to the healthcare community that a budget shortfall in this current fiscal biennium of approximately \$100 million GPR exists in the Medicaid and Medicaid-Waiver programs. This is in addition to the \$633 (all funds) budget shortfall the Wisconsin Legislature required the department to manage in the budget process last year. The Department has reconvened the "ForwardHealth Rate Reform Project 2.0" to find ways to deal with the newly recognized \$100 million GPR budget shortfall in Medicaid.

In closing, long-term care providers have a limited ability to absorb reimbursement rate cuts, delay of payments and new regulatory requirements - issues that are a problem for long-term care providers today. Many RSA members have a limited ability or no ability (i.e. a "private pay" population) to shift increased regulatory costs to - so these providers are placed in the unsustainable situation of having to find ways to reduce costs.

Keep in mind that direct care comprises approximately 80% of a long-term care provider's operational budget. Creating new regulatory training and certification programs will increase a provider's operational costs and those costs will have to be made up from other cost centers that will likely have an impact on quality care.

Long-term care providers only ask that if the Legislature is going to create new regulatory requirements - the Legislature then pay its fair share up front for the related cost increases.

Sincerely,

A handwritten signature in cursive script that reads "Anne L. Foerster". The signature is written in dark ink and is positioned above the printed name.

Anne Foerster
President, RSA-Wisconsin



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Testimony of
Heather A. Bruemmer, Executive Director of the
Board on Aging and Long Term Care
Before the Senate Committee on
Public Health, Senior Issues, Long-Term Care, and Job Creation
17 Feb 2010

Good Afternoon Chairman Carpenter and members of the Committee. I am Heather Bruemmer, Executive Director of the Board on Aging and Long Term Care and I appear before you today to speak in favor of SB 470.

The Board on Aging and Long Term Care has, for nearly thirty years, been a strong advocate for the rights of elder Wisconsinites who have been diagnosed with Alzheimer's disease and other dementias. Our Long Term Care Ombudsmen have frequently been called in to consult on cases or advocate for residents and their families in situations where they have been inadequately served. In some cases, they have been neglected or ineffectively protected by caregivers who have not received adequate training and education regarding the unique needs of persons with dementia. In many of these cases the resident lives in a facility that claims to specialize in caring for persons with dementia and markets itself as an "expert" or "leader" in the field.

Two case examples include; a confused resident who required extensive assistance with activities of daily living sustained third degree burns when left unsupervised after given a cup of coffee. Apparently improperly trained staff did not check the temperature prior to serving. In another situation, six residents on a 16-bed Alzheimer's unit were identified as having repeatedly abused other residents on the unit, including hitting, grabbing, pushing to the floor, spitting at, throwing objects at, and furniture and on one occasion, punching another resident. The facility management separated the aggressive residents from the rest, but did not work at developing staff skills and proactive approaches for preventing/reducing such incidents. Appropriate training and continued education may have prevented these situations from occurring.

Simply saying that your facility knows how to care for persons with dementia does not provide the same level of dementia-considerate care and success as does having caregivers go through a program of comprehensive and ongoing training provided by experts in this subject. The Board believes that, where

the existing training model available through the Alzheimer's Association has been used in combination with ongoing updates and staff support, the quality of care and the understanding of the disease have been improved over the situation in facilities where staff are not effectively educated about how to care for these residents. The addition of state certification that recognizes this level of training and competency would do much to strengthen the framework of Wisconsin's dementia care system.

It is the position of the Board on Aging and Long Term Care that enactment of SB 470 would offer an obvious significant benefit to facility residents who suffer from the disease and to the families of these residents. Importantly, there could well be a benefit to the facilities. A facility that is staffed by properly trained, supported and motivated caregivers may experience greater success in addressing the challenges experienced by persons with dementia and may be less likely to encounter regulatory difficulties along with developing an enhanced reputation within the community.

There is only one area of SB 470 that the Board would propose to amend. Where the bill discusses re-training of certified dementia specialists, the Board would suggest that the bill clearly identify specific areas to be covered in the re-training session. I would suggest that these sessions be required to focus on the areas of current best practices in effective communication and responding to persons with challenging behaviors. With the addition of this small but important information, this bill would become stronger and would signal the concern of the State of Wisconsin for assuring the best care possible for persons with dementia.

I thank you for this opportunity to express the position of the Board on Aging and Long Term Care and I would again ask for the Committee's favorable consideration of SB 470. I would be happy to answer any questions that you may have.